4								Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOR									19/	((07	, /
Effective October 1, 2000										60	937	7
CLAIMS AS FILED - PART I								MALL E	NTITY		OTHER	THAN.
F	TAL CLAIMS		(Column 1) (Column 2)			nn 2)	T	YPE (<u>`</u>	OR	SMALL	ENTITY
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR			NUMBER FILÈD		NUMBER EXTRA		1	BASIC FE	E 355.0	⁰ OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			3/ minus 20=		• //			X\$ 9=		OR	X\$18=	198
INDEPENDENT CLAIMS			3 minus 3 =					X40=		OR	X80=	
MU	LTIPLE DEPEND	DENT CLAIM PR	RESENT				0 135		 		070	
3. If the difference in column 1 is less than zero, enter "0" in column 2							L	+135=	 	OR	+270=	
								TOTAL		OR	TOTAL	908.0
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	. ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA		RATE	ADDI TIONA FEE	\L	RATE	ADDI- TIONAL FEE
NON	Total	. 31	Minus	3	3/	= 0		X\$ 9=	1	OR	X\$18=	1
AME	Independent	NTATION OF M	Minus	ennen	<u>3</u>	- Ø	l	X40=	17	OR	X80=	1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	17	OR	+270=	
1							L	TOTA		OR	TOTAL	
		A	NDDIT. FE	E		ADDIT. FEE						
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT		Hidi NUA PREVI	mn 2) HEST ABER OUSLY FOR	(Column 3) PRESENT EXTRA		RATE	ADDI TIONA FEE	u.	RATE	ADDI- TIONAL FEE
Ş	Total	• 3	Minus	• 3	5	- /.		X\$ 9=		OR	X\$18=	
W W	FIRST PRESENTATION OF M		Minus	ENDEN	CLAIM			X40=		OR	X80=	
			LL UCF	T-40E14	· CLAIM		\$	+135=	1	OR	+270=	
	•					!		TOTA		OR	TOTAL	
		(Column 1)	4-113-	OS (Colu	mn 2)_	(Column 3)	•	DOIT. FEI	: I	— •,	ADDIT. FEE	<u> </u>
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIĞI NUN PREVI	HEST ABER OUSLY FOR	PRESENT EXTRA		RATE	ADDI TIONA FEE	L	RATE	ADDI- TIONAL FEE
Š	Total	. 3/	Minus	\') :	3/	= /		X\$ 9=	1	OR	X\$18=	
	Independent	• 3	Minus	••• 、	3	=/]	X40=	+	7	X80=	
F	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM	$/\Box$	J ├		 			
.	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
"If the "Highest Number Previously Paid For IN THIS SPACE is tess than 20 enter "20" IOTAL OR TOTAL												
"If the "Highest Number Previously Paid For" IN THIS SPACE Is less than 3, enter "3." ADDIT. FEEADDIT. FEE												
⊕FOP!	M.PTO-875											
Plan	M PTO-875 8/00)						Pate	ni and Trad	lemark Office	. U.S. DE	PARTMENT O	FCOMMERCE

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